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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

I. OPERATOR
 Operator: Union Oil Company of California
 Address: P. O. Box 671 - Midland, Texas 79702

Reason(s) for filing (Check proper box):
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

Other (Please explain): **UNDESIGNATED GAS MUST NOT BE PLACED AFTER 10/4/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE PUBLIC RESERVATION BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tom "36" State	Well No. 2	Pool Name, Including Formation (Undesignated) (Tomahawk San Andres)	Kind of Lease State, Federal or Fee	Lease No. L-5120
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>7-South</u> Range <u>31 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> U.P.G., Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 66 - Liberal, Kansas 67901				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 36	Twp. 7-S	Rge. 31-E	Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-17-79	Date Compl. Ready to Prod. 8-5-79	Total Depth 4,305'	P.B.T.D. 4,260'					
Elevations (DF, RKB, RT, GR, etc.) 4,438' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4,197'	Tubing Depth 4,145'					
Perforations 4,197' to 4,217'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		1,654'		750 sx Circul. to Surf.			
7-7/8"	5-1/2" CD		4,305'		400 sx			
	2-3/8" OD		4,145'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-4-79	Date of Test 8-5-79	Producing Method (Flow, pump, gas lift, etc.) Swab-Test		
Length of Test 6 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size -	
Actual Prod. During Test See Correlation	Oil - Bbls. 60	Water - Bbls. 8	Gas - MCF 26	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. F. Thompson
 L. F. Thompson
 District Operations Manager

August 6, 1979

OIL CONSERVATION COMMISSION

APPROVED: *John W. Ranjan*, 1979
 BY: *John W. Ranjan*
 TITLE: *Geologist*

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.